

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name _____

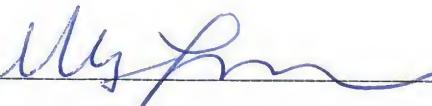
Date Enrolled: 8/1/14

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Repairs	\$90.00	NEEDS CAR REPAIRED SO CLIENT CAN WORK.
AMOUNT TO BE REIMBURSED		\$90.00	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase:



Approved for purchase:

Date _____

Purchase denied:

Date _____

Reason for denying purchase:

Subject
Alderson
CIV, Staff
Photo, Photo
Vehicle Photo
[REDACTED]

Date: 10/23/11
Proc: 02, P4

